

**Filing Status** ☐ Single ☐ Married filing jointly ☒ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|                                                                                                                                                                                                                                              |  |                               |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|---------------------------------------------------|--|
| Your first name and middle initial<br><u>Scott P</u>                                                                                                                                                                                         |  | Last name<br><u>SHIELDS</u>   |  | Your social security number<br><u>950-11-8344</u> |  |
| If joint return, spouse's first name and middle initial                                                                                                                                                                                      |  | Last name                     |  | Spouse's social security number                   |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><u>11801 Wynnwood Circle</u>                                                                                                                                  |  |                               |  | Apt. no.                                          |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><u>Dixieville</u>                                                                                                                                  |  |                               |  | State<br><u>GA</u>                                |  |
| ZIP code<br><u>30166</u>                                                                                                                                                                                                                     |  |                               |  | Foreign postal code                               |  |
| Foreign country name                                                                                                                                                                                                                         |  | Foreign province/state/county |  | Foreign postal code                               |  |
| Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |  |                               |  |                                                   |  |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☐ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

| Dependents (see instructions):                                                         |           | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |                             |
|----------------------------------------------------------------------------------------|-----------|----------------------------|-------------------------|------------------------------------------------------------------------------|-----------------------------|
| (1) First name                                                                         | Last name |                            |                         | Child tax credit                                                             | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> |           |                            |                         | <input type="checkbox"/>                                                     | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                                                     | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                                                     | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                                                     | <input type="checkbox"/>    |

|                                                                                                                                                                                                                                                                                            |                                                                                                                      |                         |                             |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|------------------------|
| Attach Sch. B if required.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under Standard Deduction, see instructions. | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2                                                              | <b>1</b>                |                             |                        |
|                                                                                                                                                                                                                                                                                            | <b>2a</b> Tax-exempt interest                                                                                        | <b>2a</b> <u>26340</u>  | <b>2b</b> Taxable interest  | <b>2b</b>              |
|                                                                                                                                                                                                                                                                                            | <b>3a</b> Qualified dividends                                                                                        | <b>3a</b>               | <b>b</b> Ordinary dividends | <b>3b</b>              |
|                                                                                                                                                                                                                                                                                            | <b>4a</b> IRA distributions                                                                                          | <b>4a</b>               | <b>b</b> Taxable amount     | <b>4b</b>              |
|                                                                                                                                                                                                                                                                                            | <b>5a</b> Pensions and annuities                                                                                     | <b>5a</b>               | <b>b</b> Taxable amount     | <b>5b</b>              |
|                                                                                                                                                                                                                                                                                            | <b>6a</b> Social security benefits                                                                                   | <b>6a</b>               | <b>b</b> Taxable amount     | <b>6b</b>              |
|                                                                                                                                                                                                                                                                                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |                         |                             | <b>7</b>               |
|                                                                                                                                                                                                                                                                                            | <b>8</b> Other income from Schedule 1, line 10                                                                       |                         |                             | <b>8</b>               |
|                                                                                                                                                                                                                                                                                            | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                 |                         |                             | <b>9</b>               |
|                                                                                                                                                                                                                                                                                            | <b>10</b> Adjustments to income from Schedule 1, line 26                                                             |                         |                             | <b>10</b>              |
|                                                                                                                                                                                                                                                                                            | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                    |                         |                             | <b>11</b> <u>26340</u> |
|                                                                                                                                                                                                                                                                                            | <b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)                                        | <b>12a</b> <u>14600</u> |                             |                        |
|                                                                                                                                                                                                                                                                                            | <b>b</b> Charitable contributions if you take the standard deduction (see instructions)                              | <b>12b</b>              |                             |                        |
|                                                                                                                                                                                                                                                                                            | <b>c</b> Add lines 12a and 12b                                                                                       |                         |                             | <b>12c</b>             |
|                                                                                                                                                                                                                                                                                            | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A                                          |                         |                             | <b>13</b>              |
| <b>14</b> Add lines 12c and 13                                                                                                                                                                                                                                                             |                                                                                                                      |                         | <b>14</b> <u>14600</u>      |                        |
| <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-                                                                                                                                                                                                 |                                                                                                                      |                         | <b>15</b> <u>11740</u>      |                        |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2021)

|                       |                                                                                                                                                                                                                                                            |            |                                                                          |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>16</b>             | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____                                                                                                        | <b>16</b>  | <b>1208</b>                                                              |
| <b>17</b>             | Amount from Schedule 2, line 3                                                                                                                                                                                                                             | <b>17</b>  |                                                                          |
| <b>18</b>             | Add lines 16 and 17                                                                                                                                                                                                                                        | <b>18</b>  |                                                                          |
| <b>19</b>             | Nonrefundable child tax credit or credit for other dependents from Schedule 8812                                                                                                                                                                           | <b>19</b>  |                                                                          |
| <b>20</b>             | Amount from Schedule 3, line 8                                                                                                                                                                                                                             | <b>20</b>  |                                                                          |
| <b>21</b>             | Add lines 19 and 20                                                                                                                                                                                                                                        | <b>21</b>  |                                                                          |
| <b>22</b>             | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                                                                                                                  | <b>22</b>  |                                                                          |
| <b>23</b>             | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                                                                                                                       | <b>23</b>  |                                                                          |
| <b>24</b>             | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                                                                                                                         | <b>24</b>  |                                                                          |
| <b>25</b>             | Federal income tax withheld from:                                                                                                                                                                                                                          |            |                                                                          |
| <b>a</b>              | Form(s) W-2                                                                                                                                                                                                                                                | <b>25a</b> |                                                                          |
| <b>b</b>              | Form(s) 1099                                                                                                                                                                                                                                               | <b>25b</b> |                                                                          |
| <b>c</b>              | Other forms (see instructions)                                                                                                                                                                                                                             | <b>25c</b> |                                                                          |
| <b>d</b>              | Add lines 25a through 25c                                                                                                                                                                                                                                  | <b>25d</b> |                                                                          |
| <b>26</b>             | 2021 estimated tax payments and amount applied from 2020 return                                                                                                                                                                                            | <b>26</b>  |                                                                          |
| <b>27a</b>            | Earned income credit (EIC)<br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |                                                                          |
| <b>b</b>              | Nontaxable combat pay election                                                                                                                                                                                                                             | <b>27b</b> |                                                                          |
| <b>c</b>              | Prior year (2019) earned income                                                                                                                                                                                                                            | <b>27c</b> |                                                                          |
| <b>28</b>             | Refundable child tax credit or additional child tax credit from Schedule 8812                                                                                                                                                                              | <b>28</b>  |                                                                          |
| <b>29</b>             | American opportunity credit from Form 8863, line 8                                                                                                                                                                                                         | <b>29</b>  |                                                                          |
| <b>30</b>             | Recovery rebate credit. See instructions                                                                                                                                                                                                                   | <b>30</b>  |                                                                          |
| <b>31</b>             | Amount from Schedule 3, line 15                                                                                                                                                                                                                            | <b>31</b>  |                                                                          |
| <b>32</b>             | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>                                                                                                                                                         | <b>32</b>  |                                                                          |
| <b>33</b>             | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                                                                                                                                                                            | <b>33</b>  |                                                                          |
| <b>Refund</b>         | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                                                                                                                                           | <b>34</b>  |                                                                          |
| <b>35a</b>            | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                                                                                          | <b>35a</b> |                                                                          |
| <b>b</b>              | Routing number                                                                                                                                                                                                                                             | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>              | Account number                                                                                                                                                                                                                                             |            |                                                                          |
| <b>36</b>             | Amount of line 34 you want <b>applied to your 2022 estimated tax</b>                                                                                                                                                                                       | <b>36</b>  |                                                                          |
| <b>Amount You Owe</b> | <b>37</b> Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions                                                                                                                                                       | <b>37</b>  | <b>1208</b>                                                              |
|                       | <b>38</b> Estimated tax penalty (see instructions)                                                                                                                                                                                                         | <b>38</b>  |                                                                          |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☐ No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                                        |                 |                                 |                                                                                   |
|--------------------------------------------------------|-----------------|---------------------------------|-----------------------------------------------------------------------------------|
| Your signature<br><i>Smith Shih</i>                    | Date<br>3/15/22 | Your occupation<br>PHILANTHROPY | If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)         |
| Spouse's signature. If a joint return, both must sign. | Date            | Spouse's occupation             | If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) |

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

**Paid Preparer Use Only**

|                 |                      |      |      |                                                     |
|-----------------|----------------------|------|------|-----------------------------------------------------|
| Preparer's name | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name     | Firm's address       |      |      | Phone no.                                           |
| Firm's EIN      |                      |      |      |                                                     |